



**2026 AWBD Annual Conference
Comprehensive Registration Form
Thursday, June 18 – Saturday, June 20, 2026
Gaylord Texan Resort & Convention Center
Grapevine, TX**



If a check does not accompany form, the District or Firm will be billed.

Use One Form Per Person • Photocopies May Be Used • No On-Site Registration

To register, complete the registration and emergency forms. This form is for a delegate and one guest only; it also includes a link for virtual access. Indicate the events you and/or your guest will attend. Please print or type all information requested and return with appropriate payment or billing instructions to:

AWBD Registration, 11700 Katy Fwy Ste 450, Houston, TX 77079 or fax to: 281/350-7092

• Deadline for “Early Bird” Registration is February 25, 2026 •

Registrations received no later than the close of business February 25, 2026, will be charged at the rate of \$475.00 for members and \$950.00 for non-members. Registrations made after February 25, 2026, will be charged at a rate of \$525.00 for members and \$1,050.00 for non-members. Any registration accepted after May 6, 2026, will be charged \$625.00 for members and \$1,250.00 for non-members per registration and does not guarantee the registrant seating at food functions nor receipt of conference materials or hospitality items.

Cancellation Policy: All cancellations must be made in writing. A \$50.00 administrative fee is assessed for each conference registration cancelled on or before May 6, 2026. There will be no refunds after May 6, 2026.

All registrations are non-transferable.

NAME: _____

SPOUSE/GUEST: _____

(Must be 21 years of age or older)

MEMBER DISTRICT OR FIRM: _____

BILLING ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE NUMBER: _____ EMAIL: _____

1. ANNUAL CONFERENCE REGISTRATION

\$475/member or \$950 non-member by February 25, 2026

\$525/member or \$1,050 non-member by May 6, 2026

\$625/member or \$1,250 non-member after May 6, 2026

\$1050/member or \$2,100 non-member **ON-SITE**.

No tickets issued.

No giveaway bag.

“DELEGATE” badge will be issued.

TOTAL: \$ _____

2. THURSDAY WELCOMING RECEPTION

5:30 - 7:00 P.M.

Delegate and one guest only; no one under 21 - strictly enforced.

I will attend

I will attend with one guest

Sorry, I cannot attend this function

3. FRIDAY CONTINENTAL BREAKFAST

DELEGATES ONLY

I will attend

I will not attend

4. FRIDAY LUNCHEON

DELEGATES ONLY- WITH BADGE & TICKET

I will attend

I will not attend

5. SATURDAY CONTINENTAL BREAKFAST

DELEGATES ONLY

I will attend

I will not attend

6. SATURDAY LUNCHEON

DELEGATES ONLY- WITH BADGE & TICKET

I will attend

I will not attend

GRAND TOTAL: \$ _____

- AWBD Event Hold Harmless Agreement and Expected Behavior Policy -

As part of the consideration for registration and for participating in the Association of Water Directors – Texas (“AWBD”) Conference (the “Conference”), I warrant and represent that I am in the physical condition necessary to participate in the Conference. I further agree to indemnify and hold harmless AWBD and each of its trustees, officers, employees, committee members, and volunteers with respect to any personal injury or death or any property loss or damage suffered or caused as a result of my participation in the Conference, specifically any injury, death or damage due to the negligence of AWBD, its trustees, officers, employees, committee members and volunteers. I further acknowledge that the Conference is being photographed and/or videotaped by the Association for publication, display, distribution, and/or broadcast, including television and the world wide web. By attending and/or participating in this event, I give my consent to be photographed and/or videotaped and waive any and all claims regarding the use of my image.

It is the policy of the Association of Water Board Directors - Texas (“AWBD”) that attendees at AWBD events are expected to exhibit reasonable behavior at all times. Attendees who engage in disorderly conduct (including, but not limited to, profanity, threatening behavior, destruction of property, and any other type of misbehavior) are subject to removal from and/or denial of admission to AWBD events.

By submittal, you agree to the AWBD Event Hold Harmless Agreement and Expected Behavior Policy.

Signature of registrant: _____

AWBD EMERGENCY DATA FORM

NAME _____

RESIDENCE ADDRESS _____
STREET CITY / STATE ZIP CODE _____

DISTRICT / CONSULTANT NAME _____

ADDRESS _____
STREET CITY / STATE ZIP CODE _____

WHERE ARE YOU STAYING DURING THE CONFERENCE? LOCATION / HOTEL _____

ROOM NUMBER _____ PHONE NUMBER _____

IN THE EVENT OF AN EMERGENCY, PLEASE NOTIFY:

NAME _____ TELEPHONE (____) _____

ADDRESS _____
STREET CITY / STATE ZIP CODE _____

RELATIONSHIP OF THIS PERSON TO YOU _____

IN THE EVENT THAT PERSON CANNOT BE REACHED, WHO SHOULD BE CONTACTED?

NAME _____ TELEPHONE (____) _____

ADDRESS _____
STREET CITY / STATE ZIP CODE _____

NAME OF PHYSICIAN _____ TELEPHONE (____) _____

ADDRESS _____
STREET CITY / STATE ZIP CODE _____

Are you allergic to any type of medication?

YES

NO

If YES, please give type or details: _____

Do you have any special physical conditions that might create illness? (e.g., diabetes, heart condition, pacemaker, etc.)



NOTE: THIS INFORMATION IS KEPT CONFIDENTIAL AND IS USED FOR YOUR PROTECTION ONLY. THIS FORM WILL BE DISCARDED AFTER THE CONFERENCE